

Index of Claims



Application/Control No.

10/035,300

Examiner

Jon Eric Angell

Applicant(s)/Patent under
Reexamination

EALICK ET AL.

Art Unit

1635

| | |
|---|----------|
| ✓ | Rejected |
| = | Allowed |

| | |
|---|--------------------------------|
| — | (Through numeral) Cancelled |
| ÷ | Restricted |

| | |
|---|--------------|
| N | Non-Elected |
| I | Interference |

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|---|----------|
| A | Appeal |
| O | Objected |

| Claim | | Date | | | | | | | | | | | |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | |
| 8 | 8 | | | | | | | | | | | | |
| 9 | 9 | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | |
| 11 | 11 | | | | | | | | | | | | |
| 12 | 12 | | | | | | | | | | | | |
| 13 | 13 | | | | | | | | | | | | |
| 14 | 14 | | | | | | | | | | | | |
| 15 | 15 | | | | | | | | | | | | |
| 16 | 16 | | | | | | | | | | | | |
| 17 | 17 | | | | | | | | | | | | |
| 18 | 18 | | | | | | | | | | | | |
| 19 | 19 | | | | | | | | | | | | |
| 20 | 20 | | | | | | | | | | | | |
| 21 | 21 | | | | | | | | | | | | |
| 22 | 22 | | | | | | | | | | | | |
| 23 | 23 | | | | | | | | | | | | |
| 24 | 24 | | | | | | | | | | | | |
| 25 | 25 | | | | | | | | | | | | |
| 26 | 26 | | | | | | | | | | | | |
| 27 | 27 | | | | | | | | | | | | |
| 28 | 28 | | | | | | | | | | | | |
| 29 | 29 | | | | | | | | | | | | |
| 30 | 30 | | | | | | | | | | | | |
| 31 | 31 | | | | | | | | | | | | |
| 32 | 32 | | | | | | | | | | | | |
| 33 | 33 | | | | | | | | | | | | |
| 34 | 34 | | | | | | | | | | | | |
| 35 | 35 | | | | | | | | | | | | |
| 36 | 36 | | | | | | | | | | | | |
| 37 | 37 | | | | | | | | | | | | |
| 38 | 38 | | | | | | | | | | | | |
| 39 | 39 | | | | | | | | | | | | |
| 40 | 40 | | | | | | | | | | | | |
| 41 | 41 | | | | | | | | | | | | |
| 42 | 42 | | | | | | | | | | | | |
| 43 | 43 | | | | | | | | | | | | |
| 44 | 44 | | | | | | | | | | | | |
| 45 | 45 | | | | | | | | | | | | |
| 46 | 46 | | | | | | | | | | | | |
| 47 | 47 | | | | | | | | | | | | |
| 48 | 48 | | | | | | | | | | | | |
| 49 | 49 | | | | | | | | | | | | |
| 50 | 50 | | | | | | | | | | | | |

| Claim | | Date | | | | | | | | | | | |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | |
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| 11 | 11 | | | | | | | | | | | | |
| 12 | 12 | | | | | | | | | | | | |
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| 14 | 14 | | | | | | | | | | | | |
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| 18 | 18 | | | | | | | | | | | | |
| 19 | 19 | | | | | | | | | | | | |
| 20 | 20 | | | | | | | | | | | | |
| 21 | 21 | | | | | | | | | | | | |
| 22 | 22 | | | | | | | | | | | | |
| 23 | 23 | | | | | | | | | | | | |
| 24 | 24 | | | | | | | | | | | | |
| 25 | 25 | | | | | | | | | | | | |
| 26 | 26 | | | | | | | | | | | | |
| 27 | 27 | | | | | | | | | | | | |
| 28 | 28 | | | | | | | | | | | | |
| 29 | 29 | | | | | | | | | | | | |
| 30 | 30 | | | | | | | | | | | | |
| 31 | 31 | | | | | | | | | | | | |
| 32 | 32 | | | | | | | | | | | | |
| 33 | 33 | | | | | | | | | | | | |
| 34 | 34 | | | | | | | | | | | | |
| 35 | 35 | | | | | | | | | | | | |
| 36 | 36 | | | | | | | | | | | | |
| 37 | 37 | | | | | | | | | | | | |
| 38 | 38 | | | | | | | | | | | | |
| 39 | 39 | | | | | | | | | | | | |
| 40 | 40 | | | | | | | | | | | | |
| 41 | 41 | | | | | | | | | | | | |
| 42 | 42 | | | | | | | | | | | | |
| 43 | 43 | | | | | | | | | | | | |
| 44 | 44 | | | | | | | | | | | | |
| 45 | 45 | | | | | | | | | | | | |
| 46 | 46 | | | | | | | | | | | | |
| 47 | 47 | | | | | | | | | | | | |
| 48 | 48 | | | | | | | | | | | | |
| 49 | 49 | | | | | | | | | | | | |
| 50 | 50 | | | | | | | | | | | | |

| Claim | | Date | | | | | | | | | | | |
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| Final | Original | | | | | | | | | | | | |
| 101 | 101 | | | | | | | | | | | | |
| 102 | 102 | | | | | | | | | | | | |
| 103 | 103 | | | | | | | | | | | | |
| 104 | 104 | | | | | | | | | | | | |
| 105 | 105 | | | | | | | | | | | | |
| 106 | 106 | | | | | | | | | | | | |
| 107 | 107 | | | | | | | | | | | | |
| 108 | 108 | | | | | | | | | | | | |
| 109 | 109 | | | | | | | | | | | | |
| 110 | 110 | | | | | | | | | | | | |
| 111 | 111 | | | | | | | | | | | | |
| 112 | 112 | | | | | | | | | | | | |
| 113 | 113 | | | | | | | | | | | | |
| 114 | 114 | | | | | | | | | | | | |
| 115 | 115 | | | | | | | | | | | | |
| 116 | 116 | | | | | | | | | | | | |
| 117 | 117 | | | | | | | | | | | | |
| 118 | 118 | | | | | | | | | | | | |
| 119 | 119 | | | | | | | | | | | | |
| 120 | 120 | | | | | | | | | | | | |
| 121 | 121 | | | | | | | | | | | | |
| 122 | 122 | | | | | | | | | | | | |
| 123 | 123 | | | | | | | | | | | | |
| 124 | 124 | | | | | | | | | | | | |
| 125 | 125 | | | | | | | | | | | | |
| 126 | 126 | | | | | | | | | | | | |
| 127 | 127 | | | | | | | | | | | | |
| 128 | 128 | | | | | | | | | | | | |
| 129 | 129 | | | | | | | | | | | | |
| 130 | 130 | | | | | | | | | | | | |
| 131 | 131 | | | | | | | | | | | | |
| 132 | 132 | | | | | | | | | | | | |
| 133 | 133 | | | | | | | | | | | | |
| 134 | 134 | | | | | | | | | | | | |
| 135 | 135 | | | | | | | | | | | | |
| 136 | 136 | | | | | | | | | | | | |
| 137 | 137 | | | | | | | | | | | | |
| 138 | 138 | | | | | | | | | | | | |
| 139 | 139 | | | | | | | | | | | | |
| 140 | 140 | | | | | | | | | | | | |
| 141 | 141 | | | | | | | | | | | | |
| 142 | 142 | | | | | | | | | | | | |
| 143 | 143 | | | | | | | | | | | | |
| 144 | 144 | | | | | | | | | | | | |
| 145 | 145 | | | | | | | | | | | | |
| 146 | 146 | | | | | | | | | | | | |
| 147 | 147 | | | | | | | | | | | | |
| 148 | 148 | | | | | | | | | | | | |
| 149 | 149 | | | | | | | | | | | | |
| 150 | 150 | | | | | | | | | | | | |